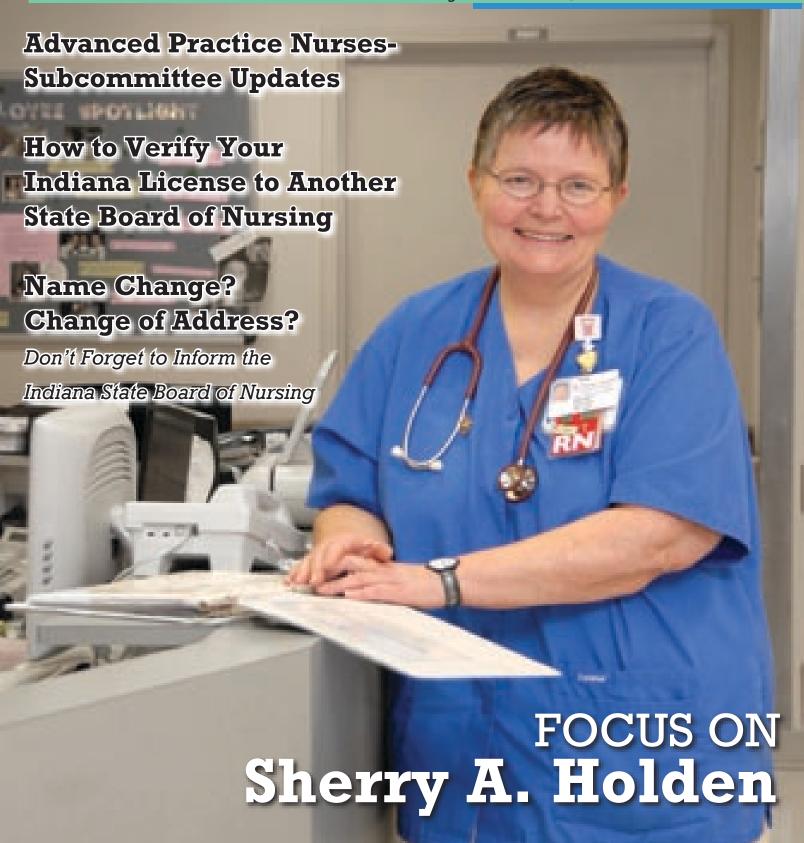
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Official Publication of the Indiana State Board of Nursing

April 2009 VOLUME 5 NUMBER



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Frances L. Kelly Executive Director

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Sean Gorman, Director of the Indiana State Board of Nursing

Dear Indiana Nursing Professional:



Advanced Practice Nurses ("APNs") are registered nurses who are qualified to practice in one of three recognized specialty advanced practice nursing roles based on the additional knowledge and skill gained through formal training and clinical experience. In Indiana, the three recognized types of APNs are nurse practitioners, nurse midwives, and clinical nurse specialists. In many other states, certified registered nurse anesthetists ("CRNA") are considered another specialty role in advanced practice nursing. In Indiana, CRNAs practice off of their RN license and specialty certification and are not required to obtain anything further from the state for the authority to administer anesthetics. Even among those in leadership roles in the nursing profession in Indiana, there is some confusion about what regulatory authority the Indiana State Board of Nursing has over the practice of advanced practice nurses. It is not uncommon for our professional staff to hear nurses talking about being licensed by the State of Indiana as a Nurse Practitioner.

The Nursing Board does not license advanced practice nurses:

The Nursing Board does not license or register nurse practitioners or clinical nurse specialists. Because there is no licensure requirement for these specialty nurses, it is unclear how many nurses are practicing in those roles, what populations they are serving, or the nature of their geographic distribution throughout the state. Even though there is no licensure requirement for nurse practitioners or clinical nurse specialists, there are specific requirements for those who may practice in that role and hold themselves out as that type of APN.

Again, the State does license nurse-midwives: A nurse wishing to practice midwifery in the State of Indiana must hold both an active registered nurse license and a state-issued "limited" license to practice nurse-midwifery. The limited license is required of any nurse-midwife practicing in the State of Indiana, and is separate from prescriptive authority.

The Nursing Board does issue prescriptive authority to qualified APNs: nurse practitioners, clinical nurse specialists and nurse midwives seeking prescriptive privileges in the State of Indiana may apply for and receive prescriptive authorization with proof of having completed a graduate level pharmacology course within the past five years, a master's degree in nursing or advanced practice certification and a collaborative agreement with an Indiana practitioner with an unrestricted license.

Up until the beginning of 2009, prescriptive authority for advanced practice nurses was issued in such a way that was considered confusing and which lead to this common misconception that the board directly licensed Nurse Practitioners and Clinical Nurse Specialists. Pocket cards for prescriptive authority stated the nurse-identified specialty practice area. For example, an NP applying for prescriptive authorization received a pocket card and license that simply stated "Nurse Practitioner". The same occurred for CNSs and CNMs applying for prescriptive authority.

Based on the recommendations of the Nursing Board's Advanced Practice Nurse Subcommittee, newly issued prescriptive authorizations are now accompanied by a card that simply reads "advanced practice nurse prescriptive authority", regardless of the advanced practice specialty of the nurse who applies for and receives it.

As you can see from the Indiana State Board of Nursing - Advanced Practice Subcommittee 2008 recommendations, the nursing professionals themselves support this clarification and made other well-considered suggestions to move Indiana forward in regards to protecting the public by safeguarding and advancing the practice of nursing in the state. Stayed tuned for further developments, and as always, stay in touch. Please feel free to contact the Indiana State Board of Nursing with any suggestions or comments. It would be our pleasure to assist you. Our group email is pla2@pla.in.gov, or we can be reached by telephone at (317) 234-2043.

Yours truly.

Sen M. Com

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FOCUS ON Sherry A. Holden



We all know nurses who are just "naturals." People who were seemingly born to help others. Sherry Holden, a registered nurse and associate partner at Clarian Health's Indiana University Hospital, is one of those people who was born to be a nurse.



Q. What made you decide to become a nurse?

A. A: I always felt, from a very early age, that I was "called" to be a nurse. I grew up in Valley City, ND and was raised by my grandparents who felt that everyone should live a life that "made a difference," and, they led by example. So I come by my compassion honestly, because kindness, caring and service coupled with hard work were staples in my household.

We all know nurses who are just "naturals."

People who were seemingly born to help others.

Q: At what age did you decide you would be a nurse?

A: I don't think it was a conscious decision, I think it was what I was born to do. At age 3, I declared to the world that I was going to be a nurse, and I've never looked back since then.

Q: How would your patients describe you?

A: I think they would describe me as kind, caring, patient and interested in their needs and their lives. I think they would also consider me a good listener and a strong advocate for them. My patients and their families truly appreciate that, because of my experience, I know how to get things done for them.

Q: What do you consider your most important skill?

A: I excel at the intangibles. Exuding a sense of "presence" that is assuring and calming to patients and families. I had a college

professor who considered sight, sound, touch, taste and smell to be the most important nursing skills you could have, and consequently, I have worked hard to develop them over the years. In fact, when I was a night nurse, I used to hone my skills by doing "hallway" assessments based only on sound.

Q:What do you like most about being a nurse?

A: The people. I enjoy my patients and my colleagues immensely. Every day I encounter someone new and interesting. I also like working at a teaching hospital.

Q: What is your philosophy on nursing?

A: I believe that nursing is a sacred trust.

Each day, someone places their life in our hands, which is why the bond between patient and nurse is both extremely fragile and infinitely strong. It's a bond that is the core of our profession and the reward of our service.

Q What opportunities exist at St.Vincent for an RN today?

A: I believe that nursing is a sacred trust.

Each day, someone places their life in our hands, which is why the bond between patient and nurse is both extremely fragile and infinitely strong. It's a bond that is the core of our profession and the reward of our service.

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"ASK A NURSE ATTORNEY"

Nurses, welcome to "Ask a Nurse Attorney". This section designed for licensed nurses. If you have a question to a nurse attorney and would like to have them answered, please feel free to e-mail Lorie@brownlawl.com. If your question is selected, it will appear in the upcoming issues of Nursing Focus.

Dear Nurse Attorney:

I am a registered nurse in the ISNAP program. I am still able to use narcotics with a short half-life and still be in compliance with my ISNAP contract. I really want to get clean, however I'm concerned that if I discuss my usage with ISNAP, I will get in trouble with the board.

Addicted RN

Dear Addicted RN,

Indiana State Nurses Assistance Program (ISNAP) understands that addiction is a disease and that relapses are a part of the process. ISNAP is more than willing to work with you if you are still using to assist you in getting the help you need to live a clean life. However, if you do not inform ISNAP that you are still using and do not get the help you need and you are caught and charges are filed against your license, the board will take very serious action. Therefore, if you would like to protect your license, I suggest that you inform ISNAP of your relapse and get the help you need. Therefore, you are more likely to protect your license.

Lorie A. Brown, R.N., M.N., J.D.

Dear Nurse Attorney:

At the hospital where I work, I witnessed a physician override a family's request for a Do Not Resuscitate Order for their loved one. I reported this to the hospital's ethics committee and the decision was that a physician could do this. I am very concerned if this is legal and under what circumstances can a physician override a DNR order.

No Code

Dear No Code,

There is a difference between an advanced directive and a Do Not Resuscitate Order. An advanced directive comes into play when an individual has a terminal condition in which death is imminent and does not want to be kept alive by life support. However, a physician still must write a Do Not Resuscitate order. A physician is not required to write a Do Not Resuscitate order if death is not imminent. In Indiana, there are five people who can make a determination regarding life prolonging procedures if there are no advanced directives: the physician, the spouse, clergy, adult children, and siblings. The court will take into consideration the point of view of all these individuals in determining whether life prolonging procedures should be continued or discontinued. However, in short, it is appropriate for a physician to override a family's request for Do Not Resuscitate order if there is no advanced directive if he is basing his order on communications with the patient before the patient became unable to make decisions on his or her own behalf.

Lorie A. Brown, R.N., M.N., J.D.

Lorie A. Brown, R.N., M.N., J.D., of Brown Law Office, Indianapolis, Ind., (317) 465-1065, is a practicing nurse-attorney who represents nurses for licensing issues before the Board and for contracting matters. The views expressed in this column are those of the author. www.brownlawl.com

Advanced Practice Nurses –

Subcommittee Updates

Advanced Practice Nurses - Subcommittee **Updates**

The Advanced Practice Nurse Subcommittee was formed by the board to develop recommendations on rule changes and other measures for improving advance practice nursing in the State of Indiana. The following recomendations were formally appoved by the board at the December 11, 2008 board meeting. The next step in this process is the initiation of a formal administrative rulemaking process to amend the current rules as recommended.

The Nursing Board wishes to acknowledge and thank the subcommittee members and all who participated in the meetings that led to these recommendations.

2008 Advanced Practice Nurse Subcommittee Members:

Brenda Lyon, Professor IU school of Nursing, CNS, Past ISNA President

Catherine Jones, Certified Nurse Midwife Marcia Plant Jackson, Family Nurse Practitioner, CAPNI President-Elect

Cindy Wilson, Mental Health CNS, Ivy Tech Nursing Faculty

Samantha Meeks, Family Nurse Practitioner Kathy Rich, Cardiovascular CNS Jennifer Embree, CNS, IONE President-Elect, ISNA Board of Directors Rep.

Teresa Holland, CNS Sally Hartman, Women's Health Nurse Practitioner

Sue Gabler, Nurse Practitioner 2008 Advanced Practice Nurse Subcommittee Recommendations:

1. Nurse Practitioner Rule Definition / Competent Practice: The Subcommittee agreed to recommend the following changes be made to this rule. The suggested changes clarify the function of nurse practitioners in developing health care treatment plans as opposed to nursing treatment plans. The suggested changes also clarify the nurse practitioner's ability to assess diagnostic test results as not being limited to laboratory tests only.

848 IAC 4-2-1 Competent practice of nurse practitioners:

Sec. 1. A nurse practitioner shall perform as an independent and interdependent member of the health team as defined in 848 IAC 2-1-3. The following are standards for each nurse practitioner:

- (1) Assess clients by using advanced knowledge and skills to:
 - (A) identify abnormal conditions;
 - (B) diagnose health problems;
 - (C) develop and implement nursing health care treatment plans;
 - (D) evaluate patient outcomes; and
 - (E) collaborate with or refer to a practitioner, as defined in IC 25-23-1-19.4, in managing the
- (2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.
- (3) Use appropriate critical thinking skills to make independent decisions, commensurate with the

autonomy, authority, and responsibility of a nurse practitioner.

- (4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice area, including the fol-
 - (A) State and federal drug laws and regulations.
 - (B) State and federal confidentiality laws and regulations.
 - (C) State and federal medical records access laws.
- (5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care, both acute and ongoing.
- (6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
- (7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
 (8) Maintain current knowledge and skills in the
- nurse practitioner area.
- (9) Conduct an assessment of clients and families which may include health history, family history, physical examination, and evaluation of health risk
- (10) Assess normal and abnormal findings obtained from the history, physical examination, and laboratory diagnostic test results.
- (11) Evaluate clients and families regarding development, coping ability, and emotional and social well-being.

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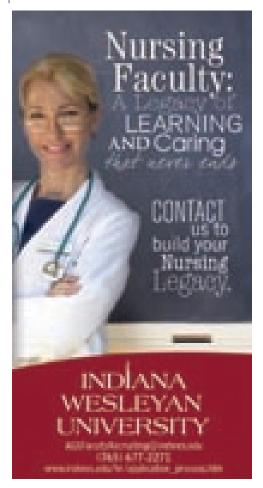
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- (12) Plan, implement, and evaluate care.
- (13) Develop individualized teaching plans with each client based on health needs.
- (14) Counsel individuals, families, and groups about health and illness and promote attention to wellness.
- (15) Participate in periodic or joint evaluations of service rendered, including, but not limited to, the following:
 - (A) Chart reviews.
 - (B) Client evaluations.
 - (C) Outcome statistics.
- (16) Conduct and apply research findings appropriate to the area of practice.
- (17) Participate, when appropriate, in the joint review of the plan of care.
- Clinical Nurse Specialist Rule Definition / Competent Practice: The Subcommittee agreed that the following changes should be made to this rule in order to remain consistent with the widely accepted standard for CNS practice. These changes also serve to distinguish the differences between CNS practice and NP practice, while remaining broad and unrestrictive
- 848 IAC 4-3-1 Competent practice of clinical nurse specialists. These changes will be recommended to the Board for rulemaking.
- Sec. 1. A clinical nurse specialist shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each clinical nurse specialist:
- (1) Assess clients by using advanced knowledge and skills to:
 - (A) identify abnormal conditions;
 - (B) diagnose health problems;
 - (C) develop and implement nursing health care treatment plans; and
 - (D) evaluate patient outcomes.; and
 - (E) collaborate with or refer to a practitioner, as defined in IC 25-23-1-19.4, in managing the plan of care.
- (2) Use advanced knowledge and skills in teaching and guiding clients and other health team
- (3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the clinical nurse specialist.
- (4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice areas, including the fol-
 - (A) State and federal drug laws and regula-
 - (B) State and federal confidentiality laws and regulations.
 - (C) State and federal medical records access laws.
- (5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care, both acute and ongoing.
- (6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
- (7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.

 (8) Maintain current knowledge and skills in their
- clinical nurse specialist area.
- (9) Provide the following direct nursing care services utilizing advanced scientific knowledge, nursing theory, and nursing skills in the assessment, planning, implementation, and evaluation of health and nursing care of individual clients.:
- Utilizes assessment data, research, and theoretical knowledge to design, implement, and evaluate nursing interventions that integrate medical treatments as needed;

 B. Prescribes or orders durable and con-
- sumable medical equipment and supplies when such equipment and supplies are selfcare assistive devices or assist in the delivery of quality nursing care;
- C. Prescribes medications or pharmaceutical agents when the clinical nurse specialist

has opted to obtain prescriptive authority, consistent with state requirements; and

- Develops, implements, and evaluates treatments or therapeutic interventions including counseling to prevent or alleviate symptoms and functional problems.
- (10) Provide the following indirect nursing care services through planning, guiding, evaluating, and directing nursing care delivered by nursing and ancillary personnel as authorized by IC 25-23l and this title::
- Serves as a consultant to other nurses and healthcare professionals in managing highly complex patient care problems and in achieving quality, cost-effective outcomes for populations of patients across settings;
- Provides leadership in conducting clinical inquiries and the appropriate use of research or evidence for practice innovations to improve patient care;
- C. Develops, plans, directs and evaluates programs of care for individuals and populations of patients and provides direction to nurs-ing personnel and others in these programs of care;
- Advances nursing practice through the use of evidence-based interventions and best practice guidelines in modifying organizational policies and processes to improve patient
- Evaluates patient outcomes and costeffectiveness of care to identify needs for practice improvements within the clinical specialty or program; and
- Serves as a leader of multidisciplinary groups in designing and implementing alternative solutions to patient care issues across the continuum of care.
- (11) Assess normal and abnormal findings obtained from the history, physical examination, and diagnostic test results.

Conduct nursing research, including methods of nursing intervention and healthcare in the area of specialization, and apply research findings appropriate to the area of practice.

- (12) Teach and counsel individuals or groups by utilizing communication skills and teaching or learning theories to increase knowledge or functioning of individuals or groups, nursing personnel, students, and other members of the health care
- (13) Serve as a consultant and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient
- (14) (12) Participate in periodic evaluation of services rendered, including, but not limited to, the following:
 - (A) Chart reviews.
 - (B) Case reviews.
 - (C) Patient evaluations.
 - (D) Outcome of case statistics.
- 3. The Subcommittee also discussed a suggestion to streamline the rules by amending the 848 IAC 4-1-3 "Advanced practice nurse" definition. As part of this recommendation, the other rules defining advanced nurse practice specialties will be amended to remove repetitive language.
- Sec. 3. (a) "Advanced practice nurse" means a registered nurse holding a current license in Indiana
- (1) has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the board;
- (2) functions in an expanded role of nursing at a specialized level through the application of advanced knowledge and skills to provide healthcare to individuals, families, or groups in a variety of settings, including, but not limited to:
 - (A) homes:
 - (B) institutions;
 - (C) offices;
 - (D) industries;
 - (E) schools;
 - (F) community agencies; (G) private practice;

- (H) hospital outpatient clinics; and
- (I) health maintenance organizations;
- (3) makes independent decisions about the nursing health care needs of clients.; and
- (4) functions within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice areas, including the fol-
 - (A) State and federal drug laws and regu
 - (B) State and federal confidentiality laws and regulations.
 - (C) State and federal medical records access laws.
 - (b) The three (3) categories of advanced practice nurses as defined in IC 25-23l-1 are as follows:
- (1) Nurse practitioner as defined in section 4 of this rule.
- (2) Certified nurse-midwife as defined in 848 IAC 3-1.
- (3) Clinical nurse specialist as defined in section 5 of this rule.
- 4. Educational requirements for Initial Prescriptive Authority Language Clarification - The Subcommittee discussed a potential rule amendment offered for consideration; the following is an attempt to clarify the pharmacology course requirements for initial prescriptive authority. The Subcommittee discussed the possibility of different requirements, but decided that the existing ones were appropriate and only needed to be better explained in the rules. These recommended changes only serve to clarify the existing requirements.

848 IAC 5-1-1 Initial authority to prescribe legend drugs

Authority: IC 25-23-1-7 Affected: IC 25-23-1

- Sec. 1. (a) An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse does the following:
- (1) Submits an application on a form prescribed by the board with the required fee, including, but not limited to, the following information:
 - (A) Complete name, residence and office addresses with zip codes, and residence and business telephone numbers with area codes.
 - (B) All names used by the applicant, explaining the reasons for any name change or use.
 - (C) Date and place of birth.

details and dates thereof.

- (D) Citizenship and visa status, if applicable.
- (E) A complete statement of all nursing education received, providing the following:
 - (i) Names and locations of all colleges, schools, or universities attended. (ii) Dates of attendance.
- (iii) Degrees obtained or received. (F) Whether the applicant has ever had any disciplinary action taken against the applicant's nursing license by the board or by the licensing agency of any other state or jurisdiction and the
- (G) A complete list of all places of employment, including the following:
 - (i) The names and addresses of employers.
 - (ii) The dates of each employment.
 - (iii) Employment responsibilities held or performed that the applicant had since graduation from nursing school.
- (H) Whether the applicant is, or has been, addicted to any narcotic drug, alcohol, or other drugs and, if so, the details thereof.
- (I) Whether the applicant has been convicted of any violation of law relating to drug abuse, controlled substances, narcotic drugs, or any other drugs.
- (j) Whether the applicant has previously been licensed to practice nursing in any other state or jurisdiction and, if so, the following:
 - (i) The names of such states or jurisdictions that previously licensed the applicant.

Disciplinary Actions

Indefinite Suspension—Indefinitely prohibited from practicing for a specified minimum period of time.

Indefinite Probation—License is placed on probation for a specified minimum period of time with terms and conditions.

Renewal Denied—The nurse's license will not be renewed, therefore, she/he does not have a license to practice in Indiana.

Summary Suspension—Immediate threat to the public health and safety should they be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.

Letter of Reprimand—Letter issued by the Board to the nurse indicating that what she/he did was wrong.

Revoked—An individual whose license has been revoked may not apply for a new license until seven (7) years after the date of revocation.

CEUs—Continuing Education Credits

Fine—Disciplinary fee imposed by the Board.

Censure—A verbal reprimand given by the Board.

| November | 20, | 2008 | Board | Meeting |
|----------|-----|------|-------|---------|
|----------|-----|------|-------|---------|

| 11010111001 20, 2000 B | Jai a Iviooti | • |
|-------------------------|---------------|--|
| NAME | License # | Board Action Taken |
| Michelle Kieffer | 28124242A | Indefinite Suspension; CEU's \$250.00 fine |
| Megan Houser | 28176030A | Probation Withdrawn |
| Marcia Miller | 27013057A | Indefinite Probation |
| Angela Sheets | 27050573A | Probation Withdrawn |
| Leah Curtis-(McCray) | 28169336A | Indefinite Probation; \$500 fine |
| | | \$1000.00 fine CEU's |
| Reishon Owena | 28163522A | Notice of Proposed Default |
| Jamie Payne | 27037687A | Indefinite Suspension |
| Kimberly Ford | 27052585A | Indefinite Suspension |
| Vivian T. Wilson | 28094148A | Indefinite Suspension |
| Amy Lynn Poole | 27050007A | Indefinite Probation |
| Jermaine Williams | 27039590A | Notice of Proposed Default |
| Chasity Muhlenkamp | 28166962A | Notice of Proposed Default |
| Fae Christine Hull | 27045639A | Notice of Proposed Default |
| Michael Horton | 27044153A | Notice of Proposed Default |
| Elizabeth Rae Stevens | 27024721A | \$250 fine |
| Pamela Ann Jackson | 27035652A | \$500 fine |
| Diane Lorenzo | 28109010A | Indefinite Probation |
| Beth Ann Vische | 27032707A | Indefinite Probation |
| Jessica Rhea Wulle | 27016902A | Indefinite Suspension; \$750.00 fine |
| Stephen Wojcik | 27055513A | Indefinite Suspension |
| Stacy Anderson | 28120487A | Probation Withdrawn |
| Scott Weatherman | 28111693A | Indefinite Probation |
| Kerry Douglas Janney | 27053317A | Probation Withdrawn |
| Rob Kelsheimer | 27047784A | |
| Dennis Thompson | | Indefinite Probation |
| Katie Melissa Lendi | 27046870A | |
| Kimberly Jahn | 27037251A | |
| Jinny Marie Roth | 27037771A, | 28150132 Indefinite Suspension; |
| | | \$1000.00 fine |
| Melissa Nicole Westfall | 28168209A | \$250.00 fine |
| Katherine Susan Parrett | 28144327A | Notice of Proposed Default |
| Tina Marie Sadler | 27040301A | Indefinite Suspension; \$250.00 fine |
| Lyndsey Ann Davis | 27053942A | Indefinite Suspension |
| Quinn Nicole Mosley | 27052615A | \$500.00 fine |
| Dana Matthews | 28099507A | Prescriptive Authority issued on |
| Probation | | |
| Loretta Lynn Sloan | 27045250A | Indefinite Suspension |
| Kelly Janeen Rockhill | 27054856A | Emergency Suspension |
| Roshell Marie Sanchez | 27038520A | Indefinite Suspension; \$500.00 fine |
| | 05055055 | CEU's |
| Rebecca Dee Pearson | 27057357A | Indefinite Suspension |
| Lise Catherine Catron | 28106272A | Indefinite Suspension |
| Jeffrey Dingle | 27056653A | \$250.00 fine |
| Julie Ann Halcomb | 27036818a | Indefinite Suspension; \$500.00 fine |
| Shannon Rose Bryan | 28143628A | Indefinite Suspension; \$500.00 fine |
| Jeaneed Kay Neely | 27052103A | Indefinite Suspension; \$750.00 fine |
| Holly Anne Cowden | 27047809A | Indefinite Suspension; \$250.00 fine |

December 11, 2008 Board Meeting

| NAME | License # | Board Action Taken |
|-----------------------|-----------|----------------------------|
| Dianne Gill | 27038520A | Notice of Proposed Default |
| Dara Elizabeth Wilson | 28163982A | Probation withdrawn |
| Lisa N. Smith | 28111633A | Probation withdrawn |
| Brandi Rhoda | 28153418A | Probation withdrawn |
| Jamie Sue Evans | 28157142A | Probation withdrawn |
| Kathleen Marie Ross | 27024249A | Probation withdrawn |
| Sheila Lavonne Devore | 27031155A | Probation withdrawn |

| Jerry Leo Hendricks | 27035609A | Renew license free and clear once |
|----------------------------|------------|--------------------------------------|
| | | CEU's are complete |
| Julie Vane Maddox | 27060608A | Probation withdrawn |
| Madeline Riley | 28156269A, | 71001527A Probation withdrawn |
| Elizabeth Leon | 28106735A | Indefinite Probation |
| Anthony Otis Winn | 28148728A | Probation withdrawn |
| Elizabeth Lynn Williams | 27043462A | Indefinite Probation |
| Jennifer Sue Manor Davison | 27053741A | Extension of summary suspension |
| Dawn Elaine Sparks | 27047822A | Notice of Proposed Default |
| Carrie Normile | 27050123A | Notice of Proposed Default |
| Rhonda Deaton | 27033295A | Notice of Proposed Default |
| Mark Alan Bertsch | 28149025A | Notice of Proposed Default |
| Kelly J. Williams | 28110608A | Summary Suspension |
| Sara M. Jones | 27023779A | Indefinite Suspension |
| Vicki Lynn Ratliff | 28110475A | Reschedule for January |
| Tammy Belinda Wright | 27043097A | \$250.00 fine |
| Jodi Ann Zuber | 27049906A | Indefinite Probation; \$1000.00 fine |
| | | CEU's |
| Erma J. Lester | 27040963A | \$250 fine |
| Mary Ann Geis | 27047605A | Indefinite Probation; \$1000.00 fine |
| | | CEU's |
| | | |

| January 15, 2009 Board | d Meeting | |
|------------------------|-----------|---|
| NAME | License # | Board Action Taken |
| Robert Jewell | 27027399A | Indefinite suspension; \$250 fine |
| Tanya Marlow | 27057593A | Notice of proposed default |
| Renee Richardson | 28149801A | Notice of proposed default |
| Connie House | 28080979A | Withdrew request |
| Mary Cole | 27037218A | |
| | 050504107 | withdrawn |
| Echo Cutsinger | 27052419A | |
| Becky Young | 28158901A | |
| | 00140004# | Indefinite Suspension; \$500.00 fine |
| Sharon Kluzinski | 28149004A | |
| Regina Scott | 28141477A | |
| Deborah Neumann | 28166570A | ******* |
| Lisa Bush | 28100974A | * |
| Laura Smith | 28117757A | 1 |
| Patricia Schaefer | 28117699A | 7, |
| | | ;\$250.00 fine |
| Donald Creamer | 27043068A | |
| Chaisty Muhlenkamp | 28166962A | |
| Michael Horton | 27044153A | |
| Reishon Owens | 28163522A | , + |
| Fae Christine Hull | 27045639A | |
| Jermaine Williams | 27039590A | |
| Katherine Parrett | 28144327A | |
| Dawn Sparks | 27047822A | Letter of Reprimand; \$250.00 fine |
| Carrie Normile | 27050123A | 1 |
| Michelle Williams | 27039057A | |
| Marlene Craig | 28163452A | |
| Monica Biggs | 27050549A | |
| Shannon Rayford | 27050549A | |
| Raquel Hudson | 28172952A | |
| Natalie Douglas | 27041022A | |
| Laura Kirk | 28115243A | Indefinite suspension; \$250 fine |
| Kimberly Smallwood | 27038942A | |
| Theresa Straw | 28124873A | |
| Kelly Rockhill | 27054856A | 3 3 3 1 |
| Beth Tom | 28138530A | |
| Dianne Leach | | 28096642A continued |
| Wendy Duggins | 27052059A | Notice of Proposed Default |
| Jill Spaetti | 28158085A | |
| Amy Moses | 27056783A | Notice of Proposed Default |
| | | |





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For a career guide and DVD, call (877) 227-3841 To apply on-line; visit our website: www.omhs.org (ii) The dates of such licensure.

(iii) The license number.

(iv) The current status of such licensure. (K) Whether the applicant has been denied a license to practice nursing by any state or jurisdiction and, if so, the details thereof, including the following:

(i) The name and location of the state or jurisdiction denying licensure.

(ii) The date of denial of such licensure.(iii) The reasons relating thereto.

(L) A certified statement that the applicant has not been convicted of a criminal offense (excluding minor traffic violations) or a certified statement listing all criminal offenses of which the applicant has been convicted. This listing must include the following:

(i) The offense of which the applicant was convicted.

(ii) The court in which the applicant was convicted.

(iii) The cause number in which the applicant was convicted.

(M) All information in the application shall be submitted under oath or affirmation, subject to the penalties for perjury.

(2) Submits proof of holding an active, unrestricted:
(A) Indiana registered nurse license; or

(B) registered nurse license in another compact state and having filed a Multi-state Privilege Notification Form with the health professions bureau Indiana Professional Licensing Agency jurisdiction.

(3) Submits proof of having met the requirements of all applicable laws for practice as an advanced practice nurse in the state of Indiana.

(4) Submits proof of a baccalaureate or higher degree in nursing.

(5) If the applicant holds a baccalaureate degree only, submits proof of certification as a nurse practitioner or certified nurse-midwife by a national organization recognized by the board and which requires a national certifying examination. (6) Submits proof of having successfully completed a graduate level pharmacology course consisting of at least two (2) semester hours of academic credit from a college or university accredited by the Commission on Recognition of Postsecondary Accreditation:

(A) within five (5) years of the date of application; or

(B) (T) if If the graduate level pharmacology course was completed more than five (5) years immediately preceding the date of filing the application, the applicant must submit proof of the following:

(i) (Å) Completing at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding the date of the application, including a minimum of at least eight (8) actual contact hours of pharmacology, all of which must be approved by a nationally approved sponsor of continuing education for nurses.

(ii) (B) Prescriptive experience in another jurisdiction within the five (5) years immediately preceding the date of the application.

(7) (8) Submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the advanced practice nurse. Specifically, the written practice agreement shall contain at least the following information:

(A) Complete names, home and business addresses, zip codes, and telephone numbers of the licensed practitioner and the advanced practice nurse. (B) A list of all other offices or locations besides those listed in clause (A) where the licensed practitioner authorized the advanced practice nurse to prescribe.

(C) All specialty or board certifications of the licensed practitioner and the advanced practice purse.

(D) The specific manner of collaboration between the licensed practitioner and the advanced practice nurse, including how the licensed practitioner and the advanced practice nurse will:

(i) work together;

(ii) share practice trends and responsibilities;

(iii) maintain geographic proximity; and

(iv) provide coverage during absence, incapacity, infirmity, or emergency by the licensed practitioner.

(E) A description of what limitation, if any, the licensed practitioner has placed on the advanced practice nurse's prescriptive authority.

(F) A description of the time and manner of the licensed practitioner's review of the advanced practice nurse's prescribing practices. The description shall include provisions that the advanced practice nurse must submit documentation of the advanced practice nurse's prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.

(G) A list of all other written practice agreements of the licensed practitioner and the advanced practice nurse.

(H) The duration of the written practice agreement between the licensed practitioner and the advanced practice nurse.

(8) (9) Written practice agreements for advanced

Continued on page 16

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practice nurses applying for prescriptive authority shall not be valid until prescriptive authority is granted by the board.

(b) When the board determines that the applicant has met the requirements under subsection (a), the board shall send written notification of authority to prescribe to the advanced practice nurse, including the identification number and designated authorized initials to be used by the advanced practice nurse

(c) Advanced practice nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating licensed practitioner. Written practice agreements shall terminate automatically if the advanced practice nurse or licensed practitioner no longer has an active, unrestricted license.

(d) Advanced practice nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration and a federal Drug Enforcement Administration registration. (Indiana State Board of Nursing; 848 IAC 5-1-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2876; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; filed Dec 24, 2003, 10:45 a.m.: 27 IR 1571)

Certified Nurse Midwife / Limited Nurse Midwife Clarification Options: The Subcommittee recommends that additional outreach efforts be conducted to clear up confusion among those in the nurse midwife community about the types of licenses required to practice. The Subcommittee has also agreed to make the following recommendations for rule changes to Board:

ARTICLE 3. CERTIFIED NURSE-MIDWIVES

Rule 1. Definitions 848 IAC 3-1-0.5 Applicability Authority: IC 25-23-1-7 Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 0.5. The definitions in this rule apply throughout this article. (Indiana State Board of Nursing; 848 IAC 3-1-0.5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939)

848 IAC 3-1-0.6 "Board" defined Authority: IC 25-23-1-7 Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 0.6. "Board" means the Indiana state board of nursing. (Indiana State Board of Nursing; 848 IAC 3-1-0.6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939)

848 IAC 3-1-1 "Certified nurse-midwife" defined; use of initials

Authority: IC 25-23-1-7 Affected: IC 25-23-1-1

Sec. 1. (a) A "Certified nurse-midwife" is a registered nurse who has graduated from a nurse-midwifery program accredited by the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA) and has passed a national certification examination to receive the professional designation of certified nurse-midwife. The American Midwifery Certification Board (AMCB) administers the national certification examination.means a registered nurse who

has graduated from a nationally accredited school of midwifery, has passed the National Certifying Examination given by the American College of Nurse-Midwives, and is licensed by the board to practice as a nurse-midwife. The board licenses the registered nurse to practice as a certified nursemidwife upon proof of certification from the AMCB.

(b) "CNM" means certified nurse-midwife and are the designated authorized initials to be used by the certified nurse-midwife. (Indiana State Board of Nursing; Nurse-Midwifery Rule 1, Art 1; filed Jun 15, 1979, 4:41 p.m.: 2 IR 1131; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939) NOTE: Transferred from the Medical Licensing Board of Indiana (844 IAC 3-1-1) to the Indiana State Board of Nursing (848 IAC 3-1-1) by P.L.185-1993, SECTION 16, effective July 1, 1993.

848 IAC 3-1-2 "Practice of nurse-midwifery" defined

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 2. "Practice of nurse-midwifery" means the practice of nursing and the extension of that practice, including well-woman gynecological healthcare, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery. Nurse-midwifery practice as conducted by CNMs is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM practices within a health care system that provides for consultation, collaborative management, referral, as indicated by the health status of the client. CNMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM). (Indiana State Board of Nursing; Nurse-Midwifery Rule 1, Art 2; filed Jun 15, 1979, 4:41 p.m.: 2 IR 1131; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939) NOTE: Transferred from the Medical Licensing Board of Indiana (844 IAC 3-1-2) to the Indiana State Board of Nursing (848 IAC 3-1-2) by P.L. 185-1993, SECTION 16, effective July 1,

Rule 2. General Provisions

848 IAC 3-2-1 Application for limited license; qualifications Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. Every applicant for limited license shall file an application on a form supplied by the board. (Indiana State Board of Nursing; 848 IAC 3-2-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939)

Continued on page 18





The Heart of Nursing: One-to-One Patient Care

"As a nurse, it's always a pleasure to have the time to work with a patient one-to-one and utilize all aspects of our skills and training. Home health nurses do this every day," said Karen Wells, RN, Administrator of three Indiana home care agencies. "It truly takes you back to the heart of nursing... what it's really all about."

"I'm in home care because I love the one-to-one interaction with my patients," said Mary Teipen, RN, Diabetes Clinical Coordinator at Advanced Home Care Plus.

By observing the patient in the home setting, nurses can identify challenges and opportunities that would not be possible in a clinical setting. They can check medications, nutrition, home hazards, and so on.

Independence

Home care nurses tend to enjoy working independently and in a variety of settings, Wells said. They are able to utilize all their clinical skills because each patient situation is so different. They conduct thorough assessments, work closely with physicians to develop a plan of care and have a chance to regularly follow up with their patients.

Respect for Nursing Skills

"Physicians hold our nurses in very high regard because they realize we are serving as the doctor's eyes and ears when we see their patients at home," Wells said. "Physicians listen to our nurses and work with us to adjust treatments as the needs of the patient change. You quickly realize that you are a valued and respected member of the healthcare team," she said.

Technology

Although home care nurses work independently, technology provides the data needed for clinical decision-making. Hand-held computers allow real-time communication with other members of the team, physician access to current data, and more. Telehealth equipment also assists with monitoring patient progress.

Variety & Flexibility

Each day is different in the world of home care nursing. And because the nurses travel to patient homes, there is flexibility in scheduling that is simply not possible in other settings, Wells said.



"It's ever-changing, and people are simply happier when they can heal in the warmth and comfort of their own homes," Wells said.

"Working one-to-one with patients helps a lot of nurses remember why we chose this profession in the first place."

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Definition: Limited license is the practice as a certified nurse-midwife in the State of Indiana. It is separate from and does not include prescriptive authority. The board licenses the registered nurse to practice as a certified nurse-midwife upon proof of certification from the AMCB.

848 IAC 3-2-2 Fees for limited license **Authority: IC 25-23-1-7** Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 2. (a) Each applicant for a limited license as a certified nurse-midwife shall pay a fee as provided in 848 IAC 1-1-14 in the form of a personal check, certified check, cashier's check, or money order payable to the health professions bureau. This fee is not refundable, but may be used up to and including one (1) year from the original submission of the application.

(b) The fee for any reapplication shall be the same as determined by the board for the original application and is payable in the form of a personal check, certified check, cashier's check, or money order payable to the health professions bureau. (Indiana State Board of Nursing; 848 IAC 3-2-2; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1328)

848 IAC 3-2-3 Photograph submitted with appli-

Authority: IC 25-23-1-7 Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 3. A recent passport type photograph of the applicant taken within six (6) weeks prior to filing shall be submitted with each application. The photograph shall be in color on semi gloss paper, not less than three (3) inches wide and four (4) inches high. (Indiana State Board of Nursing; 848 IAC 3-2-3; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)

848 IAC 3-2-5 Biennial renewal of limited license

Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 5. Every person with a limited license to practice as a certified nurse-midwife shall renew such limited license with the board on or before October 31 of odd-numbered years. (Indiana State Board of

Nursing; 848 IAC 3-2-5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329)

848 IAC 3-2-6 Notice of renewal **Authority: IC 25-23-1-7**

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 6. On or before August 31 of odd-numbered years, the Indiana Professional Licensing Agency health professions bureau shall notify each certified nurse-midwife that he or she is-required to renew their limited license to practice nurse-midwifery. At the time of such notice, the Indiana Professional Licensing Agency health professions bureau shall mail a form to each nurse-midwife to the last known address of record. (Indiana State Board of Nursing; 848 IAC 3-2-6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)

848 IAC 3-2-7 Fee for renewal Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 7. At the time of submitting his or her limited license renewal form to the board, each certified nurse-midwife shall submit a fee as provided in 848 IAC 1-1-14 and proof of current licensure as a registered nurse. A personal check, certified check, cashier's check, or money order shall be submitted to the health professions bureau with the renewal form and shall be made payable to the health professions bureau. (Indiana State Board of Nursing; 848 IAC 3-2-7; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)

848 IAC 3-2-8 Delinquent fee Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 8. In the event any **certified** nurse-midwife fails to complete the renewal process on or before October 31 of odd-numbered years, he or she

shall be required to pay a delinquent fee to be determined by the board in addition to the fees prescribed in section 7 of this rule for each year Board of Nursing; 848 IAC 3-2-8; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)

Rule 3. Competent Practice of Nurse-Midwifery

848 IAC 3-3-1 Competent practice of certified nurse-midwives

Authority: IC 25-23-1-7

Affected: IC 16-21; IC 25-23-1-1; IC 25-23-1-13.1

- Sec. 1. A certified nurse-midwife shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each certified nursemidwife:
- (1) Assess clients by using advanced knowledge and skills to:
 - (A) identify abnormal conditions;

 - (B) diagnose health problems;
 (C) develop and implement nursing treatment plans; and
 - (D) evaluate patient outcomes.
- (2) Use advanced knowledge and skills in teaching and guiding clients and other health care team
- (3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the practice of nurse-midwifery.
- (4) Function within the legal boundaries of the practice of nurse-midwifery and shall have and utilize knowledge of the statutes and rules governing the practice of nurse-midwifery, including the
 - (A) State and federal drug laws and regulations.
 - (B) State and federal confidentiality laws and regulations.

Continued on next page



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- (C) State and federal medical records access laws
- (5) Consult and collaborate with other members of the health care team as appropriate to provide reasonable client care
- (6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
- (7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
- (8) Maintain current knowledge and skills in the practice of

- nurse-midwifery.
 (9) Manage and provide health care services in the practice of nurse-midwifery.
- (10) Provide individual and group counseling and teaching throughout the life cycle.
- (11) Participate in periodic and joint evaluation of services rendered, including, but not limited to, the following:
 - (A) Chart reviews.
 - (B) Case reviews.
 - (C) Client evaluations.
 - (D) Outcome statistics.

- (12) Conduct and apply research findings appropriate to the area of practice.
- (13) Participate, when appropriate, in the joint review and revision of written guidelines involving the plan
- (Indiana State Board of Nursing; 848 IAC 3-3-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940)
- (14) Certified Nurse-Midwives practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

Rule 5. Fees for Certified Nurse-Midwives 848 IAC 3-5-1 Fees for certified nurse-midwives Authority: IC 25-23-1-7

Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. (a) The application fee for limited licensure as a certified nurse-midwife nursemidwife shall be fifty dollars (\$50).

- (b) The fee for renewal of a certified nurse-midwife limited license shall be fifty dollars (\$50).
- (c) The penalty fee for late renewals is as established by the health professions bureau.
- (d) The fee for a duplicate certified nurse-midwife

wall certificate shall be ten dollars (\$10).

- (e) The fee for endorsement out of Indiana for a certified nurse-midwife shall be ten dollars (\$10). (Indiana State Board of Nursing; 848 IAC 3-5-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; filed Dec 19, 1996, 10:00 a.m.: 20 IR 1123; readopted filed Jul 30, 2001, 2:07 p.m.:
- 6. The Subcommittee recommends that the Board implement or support the licensure of Nurse Practitioners or Clinical Nurse Specialists along the same lines that Nurse Midwives are currently licensed. If not licensure, then at least some type of registration. Currently, the Board requires nothing of Advanced Practice Nurses beyond their RN license unless that nurse seeks prescriptive authority. The Subcommittee also recommends changing the way prescriptive authorization is noted on pocket cards and license verifications to prevent the appearance that the Nursing Board is issuing a license to practice e as a nurse practitioner or clinical nurse specialist.

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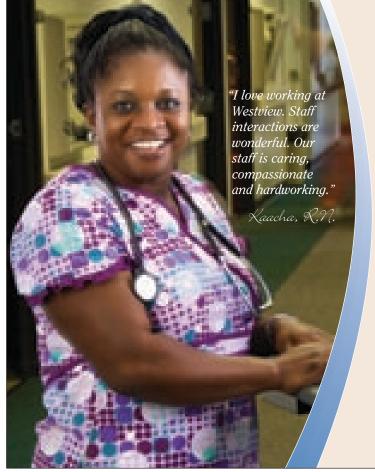
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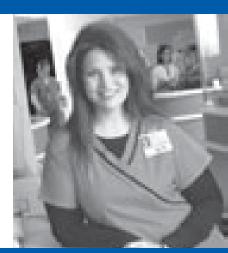


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